(घ) क्या सरकार उक्त तीस विद्यार्थियों का भारतीय चिकित्सा परिषद् में पंजीकरण करने की व्यवस्था करेगी?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्यमंत्री (श्री दलित एजिलमलाई): (क) भारतीय आयुर्विज्ञान परिषद् द्वारा दी गई सूचना के अनुसार ताजिक अबुआली इब्न सीनों स्टेट मेडिकल विश्वविद्यालय, दुशाम्बे, ताजिकिस्तान के चिकित्सा अर्हता वाले 30 छात्रों ने भारतीय आयुर्विज्ञान परिषद् को अनंतिम पंजीकरण हेतु आवेदन किया।

(ख) ताजिक चिकित्सा संस्थान (बदला गया नाम: ताजिक अबुआली इब्न सीनों स्टेट मेडिकल विश्वविद्यालय, (दुशाम्बे) द्वारा प्रदत्त एम०डी० (फिजीशियन) अर्हता भारतीय आयुर्विज्ञान परिषद्, अधिनियम, 1956 की तीसरी अनुसूची के भाग-II में सम्मिलित है और यह एक मान्यता प्राप्त चिकित्सा अर्हता है।

(ग) भारतीय आयुर्विज्ञान परिषद् ने उन छात्रों का अनंतिम पंजीकरण करने से इंकार किया है जिन्होंने एम०डी० (फिजीशियन) अर्हता छह वर्षों, जो कि नैदानिक पाठ्यक्रम हेतु निर्धारित अवधि है, के बजाए साढ़े पांच वर्षों में प्राप्त की है।

(घ) भारतीय आयुर्विज्ञान परिषद् अधिनियम, 1956 की 25(2) के साथ पठित धारा 13(3) के प्रावधानों के अंतर्गत उक्त अधिनियम की तीसरी अनुसूची के भाग-II में शामिल मान्यता प्राप्त विदेशी चिकित्सा अर्हता-प्राप्त छात्रों का अनंतिम पंजीकरण करने की शक्तियां भारतीय आयुर्विज्ञान परिषद् को दी गई हैं।

एक ऐसे ही मामले में उन छात्रों ने, जिन्होंने एम०डी० (फिजिशियन) अर्हता साढ़े पांच वर्षों में प्राप्त की है, न्यायालय में एक मामला दायर किया है।

Racket in Human Organ Sale

323. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attentation was drawn to the report captioned as "Horror behind child's missing eye" Hajipur incident raises fears about, racket in human organ sale, published in the Hindustan Times dated April 15, 1998;

(b) whether Government have obtained a report about the mysterious death of the child and removal of his eye ball;

(c) if so, whether the incident speaks of large-scale illegal removal and trade in human organs; and

(d) Government's reaction thereto and steps taken to prevent such trade effectively?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) and (c) The information is being collected from the State Government and will be laid on the Table of the House.

(d) The Government of India have passed a Transplantation of Human Organs Act, 1944, which came into force with effect from 4.2.1995. It provides for the regulation of removal, storage and transplantation of Human Organs for therapeutic purposes, and for the prevention of commercial dealings in Human Organs and for matters connected therewith or incidental thereto. It also provides for stringent punishment for removal of Human Organs without authority, which is punishable with imprisonment for a term which may extend to 5 years, and with fine which may extend to Rs. 10,000/-. If a Registered Medical Practioner is convicted, his name can be removed from the Register of the respective State Medical Council for a period of 2 years for the first offence, and permanently for the subsequent offence. Some States including Bihar have not yet adopted the Transplantation of Human Organs act, inspite of repeated reminders at the highest level. As soon as the Act is adopted by all the States, such incidents may not occur in future.

Higher Rate of Infant Mortality in India

324. DR. MOHAN BABU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether deaths during child birth is 57 times higher in India, than other countries;

(b) the factors; responsible for such poor health care; and

(c) the drastic measures proposed to contain deaths during child birth?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WALFARE (SHRI DALIT EZHILMALAI): (a) Yes Sir, Maternal Mortality rate in India is higher than that of the developed countries. The

National Family Health Survey 1992-93 has estimated that Maternal Mortality Rate in India is 437 per one lakh live births. The corresponding rate in the developed countries is 5-8 per one lakh live births as per the population Reference Bureau (1997).

(b) 1. The main factors responsible for higher MMR in India are (i) Anaemia (ii) Sepsis (iii) Abortion, especially illegal Abortions (iv) Toxaemia and (v) Haemorrhage.

2. A relatively low percentage of institutional delivereis and a high percentage of home deliveries not attended by any Traditional Birth Attendant is also a major cause for high maternal mortality.

3. Lack of Health Education and lack of information of services available constitute another such cause.

4. Inadequacy of Health Care Delivery Systems in certain regions of the country is also a reason for high Maternal Mortality.

(c) In the Reproductive and Child Health Programme launched in October 1997, Government has provided for integration and upgradation of delivery of Rural Health Services to make them easily accessible to the people. Among the specific interventions in this programme are : .

1. Development of Referral Systems, especially the First Referral Units;
2. Improved emergency Obstetric care;
3. Improved essential new born care;
4. Easy availability of Medical Termination of Pregnancy facilities in public Hospitals;
5. Encouraging private sector and NGO sector to provide Maternal health Care through Government Health Systems;
6. Programme for conducting delivery services in Rural Hospitals on 24 hour basis.
7. Providing referral transportation service to the poor women in remote Rural Areas;
8. Intensifying training of Dais, Medical and Para-Medical Personnel; and
9. Intensifying the campaign of Information, Education and Communication.

Nurses Strike in the Capital

325. SHRI GAYA SINGH:
SHRI S.M. KRISHNA:
SHRIMATI KAMLA SINHA:
DR. MOHAN BABU:
SHRI AMAR SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether functioning of Capital's hospitals was completely paralysed due to strike by nurses, if so, the details thereof;

(b) the details of demands put forth by the nurses and the bottlenecks in agreeing to their demands and steps taken by Government for redressal;

(c) to what extent ESMA provisions have been effective to Government's hospital services and whether any amendment is proposed in view of complete failure of the Act;

(d) the number of strikes recorded in Government hosptials in capital during last one year from different categories of staff and the loss of human life suffered; and

(e) whether Government nurses of different States have joined their voice with Delhi nurses, and if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) No, Sir.

(b) The demands of DNU were as follows:

(i) Upgradation of Pay Scales;
(ii) Better promotional avenues;
(iii) Enhanced Nursing Allowance;
(iv) Accommodation facilities;
(v) Establishment of Directorate of Nursing
(vi) Filling up of vacant post.

(II) Upgradation of pay scales and three time bound promotions were not agreed to as there had already been determined by the 5th Pay Commission for all categories of Central Govt. servants. Regarding steps taken for redressal of nurses grievances, Govt. has *inter alia* approved upgradation of 1200 posts benefiting 33.24% of Nurses in the Central Govt. Hospitals, enhanced the Nursing Allowance @ Rs. 1600 per month from existing level of Rs. 300 per month. Further a 500 unit residential complex